United Nations A/66/130

General Assembly

Distr.: General
27 June 2011

Original: English

Sixty-sixth session
Item 109 of the preliminary list*
International drug control

International cooperation against the world drug problem

Report of the Secretary-General

Summary

The present report has been prepared pursuant to General Assembly resolution 65/233, entitled "International cooperation against the world drug problem", in which the Assembly requested the Secretary-General to submit to it at its sixty-sixth session a report on the implementation of that resolution. The report provides an overview of the status of implementation of the mandates relating to international drug control by the Commission on Narcotic Drugs and by the United Nations Office on Drugs and Crime, other parts of the United Nations system and international organizations. It also provides an overview of the world drug situation.

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I. Introduction

1. The present report provides an overview of the world drug situation and on the status of implementation of the mandates relating to international drug control by the Commission on Narcotic Drugs and by the United Nations system, in particular the United Nations Office on Drugs and Crime (UNODC), and by other international organizations.

II. Overview of the world drug situation

2. Globally, UNODC estimates that between 149 million and 272 million people, or between 3.3 per cent and 6.1 per cent of the population aged 15-64, used illicit substances at least once in the previous year.[1] While the total number of illicit drug users has increased since the late 1990s, the prevalence rates have remained largely stable, as has the number of problem drug users, which is estimated at between 15 million and 39 million.

3. While there were stabilizing or decreasing trends in the abuse of heroin and cocaine, these have been offset by increases in the abuse of synthetic and prescription drugs. Non-medical use of prescription drugs is a growing health problem in a number of developed and developing countries.

4. In recent years, several new synthetic compounds have emerged. Many of these substances are marketed as "legal highs" and substitutes for illicit stimulant drugs such as cocaine or methylenedioxymethamphetamine (MDMA, commonly known as "ecstasy"). Two examples are piperazines and mephedrone, which are not under international control.

5. Deaths related to or associated with the use of illicit drugs are estimated at between 104,000 and 263,000 per year, over half of which are estimated to be overdose cases. Of the people who abuse drugs by injection, 2.8 million are HIV-positive.

6. Global opium poppy cultivation amounted to some 195,700 hectares (ha) in 2010, a small increase from 2009. Of that, some 123,000 ha were cultivated in Afghanistan, where such cultivation remained stable. The global trend was mainly driven by increases in Myanmar, where such cultivation rose by approximately 20 per cent from 2009. A significant reduction (38 per cent) in global opium production in 2010 was attributable to disease affecting opium poppy plants in Afghanistan.

7. The global area under coca bush cultivation shrank to 149,100 ha in 2010, a decline of 18 per cent compared with 2007. There was also a significant decline in potential cocaine manufacture, reflecting falling cocaine manufacture in Colombia, which offset increases in Peru and Bolivia (Plurinational State of). Uncertainty existed, however, regarding the level of manufacture in recent years, which might

[1] Data in this section is taken from the *World Drug Report 2011* (United Nations publication, Sales No. E.11.XI.10); available from www.unodc.org/unodc/en/data-and-analysis/WDR-2011.html.

be higher than previously estimated owing to an increase in the efficiency of clandestine cocaine laboratories.

8. Over the past two decades, the illicit manufacture of amphetamine-type stimulants has spread. More than 60 Member States have reported such manufacturing activity to date.

9. Cannabis plant cultivation occurs in most countries worldwide. The relatively stable seizure trend suggests a stable level of cannabis production. Indoor cultivation of cannabis plants is still largely limited to the developed countries of North America, Europe and Oceania. Afghanistan and Morocco continued to be major producers of cannabis resin.

10. Trends show increased seizures for all the major drug types. Between 1998 and 2009, seizures of cocaine, heroin, morphine and cannabis almost doubled. Seizures of amphetamine-type stimulants more than tripled over the same period. Seizures of opiates and cocaine remained stable in 2009, albeit at a high level. Seizures of cannabis herb increased, whereas seizures of cannabis resin decreased.

III. International cooperation against the world drug problem: action by the Commission on Narcotic Drugs

11. At the round table on regional and international cooperation in combating the world drug problem and its connection with organized crime, held during the fifty-fourth session of the Commission on Narcotic Drugs, it was reiterated that the international drug control conventions and the international legal instruments addressing transnational organized crime provided the legislative framework to support international cooperation and coordination to combat drug trafficking, as well as direction to international efforts in the area of supply and demand reduction strategies. The Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, adopted by the General Assembly in its resolution 64/182 (A/64/92-E/2009/98, sect. II.A), also provided a framework in that regard.

12. The Commission also adopted a number of resolutions in relation to issues in international drug control identified by the General Assembly in its resolution 65/233 for further action by Member States. These include resolutions 54/5, entitled "Promoting rehabilitation- and reintegration-oriented strategies in response to drug use disorders and their consequences that are directed at promoting health and social well-being among individuals, families and communities", and resolution 54/13, entitled "Achieving zero new infections of HIV among injecting drug users and other drug users". In resolution 54/5, the Commission, inter alia, urged Member States to ensure that drug treatment was evidence-based, part of an integrated approach to drug demand reduction and recognized as a key element of national efforts aimed at reducing illicit drug use and its adverse health and social consequences, and to improve rehabilitation and reintegration services directed at promoting health and social well-being among individuals, families and communities.

13. In resolution 54/8, entitled "Strengthening international cooperation and regulatory and institutional frameworks for the control of precursor chemicals used

in the illicit manufacture of synthetic drugs", the Commission, recalling its resolutions 53/15 and 51/10, in which it had urged Member States to further strengthen, update or, if they had not yet done so, establish national legislation and mechanisms relating to the control of precursors used in the illicit manufacture of drugs, pursuant to the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, invited Member States to take appropriate measures to strengthen international cooperation and the exchange of information regarding the identification of new routes and modi operandi of criminal organizations dedicated to the diversion or smuggling of precursor chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances. Also in resolution 54/8, the Commission, taking note of the positive results achieved through Project Prism and Project Cohesion, launched by the International Narcotics Control Board in cooperation with States to stem the diversion of amphetamine-type stimulants and heroin and cocaine precursors, respectively, encouraged Governments to continue contributing to the efforts of the Board, especially through the Pre-Export Notification Online system for pre-export notification of precursor chemicals.

14. At the fifty-fourth session of the Commission, several speakers welcomed the move by UNODC away from a project-based to an integrated programme-based approach and expressed support for the development and implementation of regional and thematic programmes. The Commission recommended to the Economic and Social Council the adoption of a draft resolution entitled "Support for the development and implementation of an integrated approach to programme development at the United Nations Office on Drugs and Crime".

Action of the subsidiary bodies

15. Four meetings of the subsidiary bodies of the Commission on Narcotic Drugs were held in 2010: the Twentieth Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean, held in Lima from 4 to 7 October; the Thirty-fourth Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, held in Bangkok from 30 November to 3 December; the Twentieth Meeting of Heads of National Drug Law Enforcement Agencies, Africa, held in Nairobi from 13 to 17 September; and the forty-fifth session of the Subcommission on Illicit Drug Traffic and Related Matters in the Near and Middle East, held in Damascus from 8 to 12 November.

16. The subsidiary bodies provided drug law enforcement authorities from countries of specific regions with the opportunity to exchange information, enhance cooperation at the technical and operational levels in the area of drug control at the regional, subregional and bilateral levels and build trust and partnerships among counterparts in different countries. They transmitted their recommendations to the Commission on Narcotic Drugs at its fifty-fourth session (E/CN.7/2011/5).

IV. Action by the United Nations system and other international organizations

17. UNODC aims to make the world safer from drugs by supporting the work of the Commission and its subsidiary bodies and by supporting Member States through

normative work to assist States in the ratification and implementation of international drug control conventions and the development of national drug control legislation, as well as the provision of substantive and secretariat services for treaty bodies and governing bodies, field-based technical cooperation, the development and implementation of regional and thematic programmes, and research to expand the evidence base for policy and operational decisions.

A. Health dimension

18. The Office has continued to develop a health-centred and evidence-based approach to helping people affected by drugs and has raised awareness of the importance of drug demand reduction.

1. Reducing drug abuse and its health and social consequences

19. UNODC has been implementing an ongoing global project to adapt, implement and evaluate evidence-based family skills training programmes worldwide.

20. In response to the growing problem of abuse of prescription drugs worldwide, UNODC has started raising awareness about the need to develop a strategy in support of Member States. An expert group meeting held in Vienna from 22 to 24 June 2010 led to the preparation of a discussion paper entitled "The nonmedical use of prescription drugs: policy direction issues", which provides details about epidemiology and vulnerable groups, policy directions to assist readers in understanding the scope of the problem and specific issues related to the problem and vulnerable groups, and policy recommendations.

21. UNODC continued its joint work with the World Health Organization in improving drug dependence treatment and care services globally. The coverage and quality of treatment and care services for drug use disorders based on evidence and ethical standards is being improved in about 30 countries worldwide.

22. To reduce the burden caused by drug abuse and dependence among children and young adolescents in many developing countries, and in particular in response to the serious situation identified in Afghanistan, where traditional use of opium has led to a large-scale tragedy, affecting whole families, children and youth, who are suffering from problematic drug use and dependence on opioids, including heroin, UNODC has launched a global programme, starting in Afghanistan, to respond to the needs of children exposed to drugs at a very young age, developing treatment and social protection interventions for that vulnerable group.

23. With a view to broadening the concept of sustainable livelihoods and complementing interventions targeted at populations vulnerable to drugs, HIV/AIDS and crime, UNODC initiated interventions to provide first-line basic social assistance to support drug and HIV/AIDS prevention and treatment programmes for drug-dependent individuals and prisoners in Ethiopia, Kenya, Uganda, the United Republic of Tanzania and Zambia.

2. Access to treatment, health care and social services, including prevention of HIV/AIDS and other drug-related diseases

24. UNODC has supported countries in five regions to improve the quality and increase coverage of drug dependence treatment and care services, providing training for treatment providers on evidence-based approaches and interventions. The coverage of treatment and care services for drug use disorders based on evidence and ethical standards is being increased in participating countries,[2] and advocacy efforts have resulted in a better understanding among relevant stakeholders and decision makers of the nature of drug use and dependence.

25. UNODC has been actively involved in supporting Member States in ensuring appropriate access to and the availability of controlled substances for the treatment of pain, in full compliance with the international drug control conventions. In early 2011, UNODC prepared a discussion paper entitled "Ensuring availability of controlled medications for the relief of pain and preventing diversion and abuse: striking the right balance to achieve the optimal public health outcome", which addressed the importance of ensuring the adequate availability of narcotic drugs and psychotropic substances for medical and scientific purposes. That paper could assist Member States in moving forward with practical action in an area involving cooperation and coherence at both the national and international levels.

26. UNODC provided training and technical assistance for the development of national strategic plans on HIV/AIDS for the period 2011-2015 that incorporate the needs of drug abusers (in particular, persons who abuse drugs by injection), including in prison settings in more than 60 countries. The activities implemented by UNODC included technical support to conduct legal and policy reviews; the adaptation of legislation; the development and implementation of policies and strategies to ensure equitable access to HIV prevention, treatment and care services; and support to reduce stigma and discrimination with respect to drug addicts, particularly those infected with HIV, and to improve access to HIV prevention, treatment and care services by implementing human-rights-based, gender-responsive and equitable AIDS policies and services that are accessible to persons who abuse drugs by injection, including in prison settings, and to people who are vulnerable to trafficking in humans.

27. In collaboration with relevant national and international partners, UNODC developed and disseminated in more than 70 countries evidence-based policy and programmatic tools, guidelines and best practices of evidence-based comprehensive HIV-prevention, treatment and care services for persons who abuse drugs by injection, including in prison settings, and for persons who are vulnerable to trafficking in humans.

28. Technical assistance provided by UNODC in nearly 80 countries, including countries affected by humanitarian crisis, assisted Member States in resource mobilization, the establishment of multisectoral working groups, the assessment of programmatic needs and the development, implementation, monitoring and

[2] Afghanistan, Albania, Brazil, Cambodia, Colombia, Côte d'Ivoire, Ethiopia, Guatemala, Haiti, Indonesia, Kazakhstan, Kenya, Kyrgyzstan, Mozambique, Myanmar, Nicaragua, Nigeria, Pakistan, Peru, Serbia, Tajikistan, Turkmenistan, United Republic of Tanzania, Uzbekistan, Viet Nam and Zambia.

evaluation of evidence-based comprehensive HIV-prevention, treatment and care services for persons who abuse drugs by injection, including in prison settings, and for persons who are vulnerable to trafficking in humans. The activities of UNODC also addressed the occupational health of law enforcement personnel with regard to HIV and supported building their capacity in comprehensive responses to HIV among key populations.

B. Supply dimension

29. The focus of UNODC technical assistance remains directed at introducing better management, control and selection practices at borders, developing the professional capacity of investigating and prosecuting agencies, and addressing the proceeds of drug trafficking by countering money-laundering. This is combined with the provision of assistance to farmers to reduce the illicit drug supply through alternative livelihood programmes.

Regional initiatives to counter illicit production of and trafficking in drugs

30. UNODC has helped to put in place a number of regional and transnational mechanisms to strengthen responses to the manifold threats posed by drugs of abuse.

31. Through the Paris Pact Initiative, UNODC has facilitated strategic thinking between partner Governments at the expert and policy levels. The annual Paris Pact Policy Consultative Group Meeting, held in Vienna on 22 and 23 November 2010, reviewed progress made in the implementation of operational priorities related to Afghanistan and neighbouring countries. Through its Automated Donor Assistance Mechanism, information on projects related to countering narcotics in Afghanistan, its neighbouring countries and South-Eastern Europe was made available, while data collection and analytical capacities in priority countries were strengthened in 2010 through the established network of Paris Pact national strategic analysts based at the UNODC country offices in the region.

32. According to UNODC estimates, 90 tons of heroin were smuggled from Afghanistan via Central Asia in 2009. The Central Asian Regional Information and Coordination Centre is part of efforts to strengthen law enforcement cooperation among countries on the front line of efforts to counter drug trafficking, including Afghanistan, Azerbaijan, the five Central Asian States (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan) and the Russian Federation. The activities of the Centre are aimed at increasing the exchange of information and cooperation in the organization of joint international counter-narcotics operations, including controlled deliveries. The Centre also plays a significant role in strengthening operational cooperation with countries beyond the region and international organizations such as the International Criminal Police Organization (INTERPOL), the European Police Office (Europol) and the World Customs Organization. Since the Centre officially opened in December 2009, more than 20 drug trafficking channels have been disrupted, with seizures of more than 250 kg of heroin and more than 115 kg of opium.

33. Other regional initiatives included the annual ministerial meeting of the Triangular Initiative, which brings together Afghanistan, Iran (Islamic Republic of)

and Pakistan. The Tehran-based joint planning cell of the Triangular Initiative was created to support operations against the illicit drug trade. Those countries form the first line of defence against the flow of illicit drugs, which threatens security throughout the region and beyond. The Targeted Anti-trafficking Regional Communication, Expertise and Training (TARCET) operations produced important results in the area of precursor control. Seizures of acetic anhydride took place in Afghanistan and Pakistan, while other chemicals used in the illicit manufacture of heroin were seized in Afghanistan, Kazakhstan, Kyrgyzstan and Pakistan.

34. In June 2011 UNODC and the Shanghai Cooperation Organization signed a memorandum of understanding to promote partnerships in a range of areas related to international health, safety and security. The memorandum of understanding is aimed at examining core areas, including drug trafficking and other forms of transnational organized crime. The issue of drug trafficking is a key concern for the Shanghai Cooperation Organization, one which can be further addressed through the memorandum of understanding and other multilateral actions. In September 2010 the Shanghai Cooperation Organization signed a cooperation agreement with the Central Asian Regional Information and Coordination Centre.

35. Regional partnerships will be further enhanced through the regional programme for Afghanistan and neighbouring countries, which covers Central Asia, Afghanistan, Iran (Islamic Republic of) and Pakistan and is being developed by UNODC.

36. Increasingly, UNODC is spearheading regional initiatives to help prevent the destabilization of post-conflict countries by integrating drug and crime control into United Nations peacekeeping and peacebuilding missions. International cooperation gathered greater momentum with the UNODC regional programme for West Africa for the period 2010-2014. This programme supports the Economic Community of West African States (ECOWAS) regional action plan against drug trafficking and organized crime through collaboration among international stakeholders. The UNODC partnership with the Department of Peacekeeping Operations of the Secretariat, the United Nations Office for West Africa and INTERPOL to support operational, cross-border law enforcement cooperation in Côte d'Ivoire, Guinea-Bissau, Liberia and Sierra Leone to investigate drug trafficking and organized crime was further advanced in 2010 with the establishment of multiagency units to counter transnational organized crime.

37. The UNODC regional programme for promoting the rule of law and human security in East Africa for the period 2009-2012 also promotes a multiagency approach to combating organized crime and drug trafficking in 13 East African States, including through the establishment of units to counter transnational organized crime.

38. In the past decade, the Governments of member States of the Association of Southeast Asian Nations (ASEAN) have been joining efforts to realize a "drug-free ASEAN" by 2015 by addressing threats related to illicit drug manufacturing, trafficking and abuse. The ASEAN and China Cooperative Operations in Response to Dangerous Drugs (ACCORD) Plan of Action, continues to provide a strong basis for action in the region. UNODC closely cooperates with the ACCORD Plan of Action through a memorandum of understanding with the six countries in the Greater Mekong subregion (Cambodia, China, Lao People's Democratic Republic,

Myanmar, Thailand and Viet Nam) for addressing the problem of illicit drugs. The key vehicle of the memorandum of understanding is the subregional action plan. The eighth and most recent subregional action plan, approved in May 2011, is aimed at tackling the worrying increase in illicit opium production in the Lao People's Democratic Republic and Myanmar.

39. The League of Arab States and the UNODC regional programme on drug control, crime prevention and criminal justice reform in the Arab States for the period 2011-2015 fostered cooperation among international, regional and national stakeholders for the prevention of illicit drug production, trafficking and abuse.

40. In the framework of the UNODC Global Programme against Money-Laundering, hands-on advice and assistance were provided to law enforcement officers, prosecutors, judges and financial intelligence unit personnel from more than 85 jurisdictions, 26 training events were organized worldwide and 1,250 officers were trained. The Global Programme contributed to the launch of an asset forfeiture mechanism for South America in the context of the Financial Action Task Force of South America against Money-Laundering (GAFISUD). In Southern Africa, the Global Programme continued providing close support to the subregional Asset Recovery Inter-Agency Network of Southern Africa.

41. More than 90 per cent of global trade is transported by sea, making smuggling via containers attractive for criminals and challenging to detect. While more than 420 million maritime containers move around the globe each year, only 2 per cent are inspected. An important element in that regard is the technical assistance programme of UNODC and the World Customs Organization, which has led to the establishment of dedicated, specialized inter-agency container profiling units (joint port control units) in the principal ports and container terminals of 12 participating States and trained their personnel to identify, target and interdict sea containers in Latin America (Costa Rica, Ecuador and Panama), West Africa (Benin, Cape Verde, Ghana, Senegal and Togo) and in Economic Cooperation Organization Member States such as Afghanistan, Pakistan and Turkmenistan. There are 12 participating States with operational container profiling units (Afghanistan, Benin, Cape Verde, Costa Rica, Ecuador, Ghana, Guatemala, Pakistan, Panamá, Senegal, Togo and Turkmenistan), and the programme is expected to be extended to Azerbaijan, Iran (Islamic Republic of), Jamaica, Kazakhstan, Mali and Morocco. This initiative has delivered solid results from the outset, intercepting sea containers carrying illicit drugs and diverted precursor chemicals. Total seizures have amounted to more than 40 tons of cocaine and more than 35 tons of cannabis, as well as approximately 770 tons of precursor chemicals.

42. In response to the drug trafficking threat in West African States, UNODC, together with the World Customs Organization and INTERPOL, has upgraded the drug-interdiction capacities at eight selected international airports in Africa, Latin America and the Caribbean. The Airport Communication Project (AIRCOP) will establish joint airport interdiction task forces comprised of law enforcement officers from different services; train them in professional risk assessment, targeting and profiling techniques for both passenger and freight analysis; and link those operational units through a secure communications network to counterpart units operating at other airports.

C. Illicit drug crop monitoring and sustainable livelihoods

43. UNODC and its national counterparts conducted opium surveys in Afghanistan, the Lao People's Democratic Republic and Myanmar and coca surveys in Bolivia (Plurinational State of), Colombia, Ecuador and Peru. In 2010, a second cannabis survey was conducted in Afghanistan. Expert consultations on illicit crop monitoring were held with the Government of India. Global opium poppy cultivation amounted to some 195,700 ha in 2010, a small increase from 2009. The bulk of that cultivation was accounted for by Afghanistan, where such cultivation remained stable. The global trend was mainly driven by increases in Myanmar, where such cultivation rose by some 20 per cent from 2009 to 38,100 ha. Opium poppy cultivation in the Lao People's Democratic Republic increased in 2010, but remained at a low level of 3,000 ha. In 2010, the total area under coca bush cultivation worldwide decreased by 6 per cent, mainly as a result of a significant reduction in Colombia, which was not entirely offset by a small increase in Peru. In 2010, the total area under coca bush cultivation in Colombia was estimated at 62,000 ha after applying a correction factor to adjust for small fields. In Peru in 2010, the total area under coca bush cultivation amounted to 61,200 ha, an increase of 1,300 ha or 2 per cent, over 2009, indicating an overall stable situation.

44. Rural development encourages licit crop cultivation, and a distinct correlation can be seen between the provision of agricultural assistance and a drop in illicit crop cultivation. Giving farmers access to markets also helps them to shift away from illicit crop cultivation.

45. UNODC continued to support small farmer communities to increase licit agricultural production and sustainably manage the use of natural resources. In the Lao People's Democratic Republic and in Myanmar, UNODC continued targeting current and former opium poppy-farming communities through village infrastructure planning and the creation of local enterprises. As a result, the communities are now more self-sufficient in rice and other food staples. UNODC continues implementing productive projects in Bolivia (Plurinational State of) and Peru. In Colombia, UNODC is actively supporting the production of "products of peace" by farmers vulnerable to illicit crop cultivation and contributes to integrating indigenous peoples into sustainable environment protection initiatives.

D. Main concerns and emerging issues

1. The threat from Afghan opiates

46. Globally, more than 15 million people use opiates annually. Heroin is the most abused opiate, with more than 12 million users globally consuming an estimated 375 tons of pure heroin per year. Afghanistan is the source of some 85 per cent of the heroin and opium consumed worldwide.

47. The *UNODC Afghanistan Opium Survey 2011: Winter Rapid Assessment*,[3] based on the intentions of farmers at the time of planting, gave a first indication that overall cultivation in the whole country was expected to decrease slightly in 2011,

[3] Available from www.unodc.org/documents/crop-monitoring/Afghanistan/ORAS_report_2011_phase_II_20110415.pdf.

although opium poppy cultivation has started to spread again across the country because of high prices. As a result, opium production will probably be higher than in 2010.

48. In 2010, Afghan heroin was smuggled to numerous destinations worldwide, Europe being the largest illicit market. In 2010, 150 tons of pure Afghan heroin were estimated to have been consumed in Europe. East Asia and South-East Asia have also become significant destinations for Afghan heroin, as a consequence of the decrease in opium production in Myanmar during the past decade. Almost 50 per cent of the Chinese market and most of the East Asian market may have been supplied by Afghan heroin in 2010. Increasing flows of heroin to Africa were also leading to increases in drug abuse in parts of that continent.

49. In addition to land borders, the sea and airports of Afghanistan's immediate neighbours have become increasingly used for trafficking in heroin and acetic anhydride. Maritime transportation in particular appears to have gained in importance among drug traffickers, be it for exporting heroin by the African route or for importing acetic anhydride destined for heroin-processing laboratories in Afghanistan.

50. Although heroin demand has stabilized worldwide, there are no signs of a decrease at present. Afghanistan and its neighbours cannot alone bear the burden of stopping the operation of the global opiate market. There needs to be an increase, in line with international standards and guidelines, of treatment efforts directed at core opiate users, who are both consuming the bulk of illicit opiates and suffering the most severe health and social consequences as a result.

2. Transatlantic cocaine trafficking

51. Over the past decade, there has been a dramatic evolution of the international market for cocaine. While the cocaine market declined in North America, it doubled in Europe. The upward trend in Europe does not, however, appear to have continued over the period 2006-2009; instead it has shown signs of stabilization at the higher level. In 1998, the cocaine market in the United States of America was four times larger than in Europe. Since then, there has been a rebalancing, with the value of Europe's market estimated to have been worth some $36 billion in 2009,[4] almost equivalent to the $37 billion value of the United States market. Drug traffickers use West Africa as a transit area, taking advantage of the relative proximity of that subregion to Europe. That has led to the development of growing local markets in the subregion, although trafficking via Africa as a whole declined markedly between 2007 and 2009. In some countries of Central America, cocaine trafficking has led to increased violence.

52. UNODC estimates that in 2009 alone global cocaine sales ($85 billion) generated less than $1 billion in income for farmers and about $84 billion in gross profits for traffickers, a sum equivalent to or even exceeding the gross domestic product (GDP) of many developing countries. In source countries, transit areas and final destinations, illicit drugs continue to pose a serious danger to the lives of people. With drug-related gang violence, social and political destabilization and addiction, which affect not only the lives of users but also those of their family

[4] The market for Western and Central Europe amounts to $33 billion.

members and members of their communities, the situation is one that warrants high-level attention.

53. It is necessary for affected countries on both sides of the Atlantic to tackle this problem in a coordinated, combined manner through the implementation of policies aimed at reducing demand for cocaine, tracking the illicit movement of drugs and confiscating criminal assets.

54. Ministers from 22 countries and representatives of 10 international and regional organizations at the extended Group of Eight (G-8) ministerial meeting held in Paris in May 2011 endorsed a political declaration and a plan of action to encourage cooperation by all countries directly affected by cocaine by working with the international financial institutions to address the problem in an integrated manner. This would include the universalization and implementation of international conventions, the improvement of the collection and sharing of intelligence, the intensification of maritime cooperation and the improvement of international cooperation and legal mechanisms to target and confiscate criminal assets.

3. Trafficking in amphetamine-type stimulants

55. While the production and consumption centres for drugs such as heroin and cocaine are often separated by large geographical distances, synthetic drugs can be manufactured literally in the kitchens of users. This means that there is no long trafficking route along which law enforcement agencies can intercept the illicit drug shipments. Amphetamine-type stimulants thus pose very different challenges for law enforcement. This ease of establishing facilities has been witnessed with the movement of these locations from earlier production areas such as Western Europe to markets in the developing world.

56. The illicit manufacture of, trafficking in and use of amphetamine-type stimulants, such as methamphetamine, amphetamine and MDMA (commonly known as "ecstasy"), has become a global threat. More than 60 States from all regions have reported the illicit manufacture of amphetamine-type stimulants. In addition, there are strong indications that their manufacture has spread to West Africa. Methamphetamine is the most widely manufactured amphetamine-type stimulant worldwide.

57. Global seizures of amphetamine-type stimulants have increased significantly over the past 10 years. In 2009, such seizures rose by 16 per cent. The increase was driven by the quantities of seized methamphetamine, which rose markedly from 22 tons in 2008 to 31 tons in 2009.

58. The abuse of amphetamine-type stimulants is widespread. In 2009, UNODC estimated that, with annual prevalence ranging between 0.3 and 1.3 per cent, between 13.7 million and 56.4 million people aged 15-64 had used an amphetamine-type stimulant at least once in the previous year. In East and South-East Asia, amphetamine-type stimulants are now ranked among the top three drugs of abuse in all countries in the region. In some of those countries, amphetamine-type stimulants have even become the primary drug of abuse, displacing other drugs such as cannabis, opium or heroin.

59. The capacity to monitor these developments on a global scale remains limited. This significantly impedes the ability of Governments to adequately respond to the

situation. While the introduction of the UNODC Global Synthetics Monitoring: Analyses, Reporting and Trends (SMART) programme in 2008 has resulted in the establishment of a systematic monitoring mechanism for gathering data on the illicit use of synthetic drugs in Asia and Latin America, there are no similar systems for other regions.

4. Emerging issues

60. The emergence of several new unregulated synthetic compounds in established illicit markets for amphetamine-type stimulants in Europe and in Australia, Canada, New Zealand and the United States has been a significant trend in recent years.

61. As many of those substances are not controlled under the international drug control treaties, they are often marketed as "legal highs". One such substance is mephedrone (4-methylmethcathinone), which first appeared on illicit markets around 2007. The substance, which has no medical use in either humans or animals, has been associated with a number of fatalities in European countries. In December 2010, mephedrone was banned in member States of the European Union; however, it is still available on illicit drug markets and has also appeared in countries outside Europe, including Australia and the United States.

62. Another phenomenon has been the appearance on illicit drug markets of synthetic cannabinoids, which mimic the effects of cannabis. Since 2004, herbal mixtures marketed under the brand name Spice have been available in European countries such as Germany, Switzerland and the United Kingdom of Great Britain and Northern Ireland. Initially, the use of these substances was limited to a small number of experimental users; however, the fact that the substances are not controlled by either the Single Convention on Narcotic Drugs of 1961 or the Convention on Psychotropic Substances of 1971 enables manufacturers and sellers of those substances to market them as "legal" cannabis substitutes. As a result, the number of users of those substances has increased significantly. Although some countries have proceeded to prohibit a single compound or a broader spectrum of those compounds, many varieties of those products continue to be sold over the Internet and new substances constantly appear on this dynamic market.

63. Ketamine, an anaesthetic (mainly used in veterinary medicine) that is not controlled under the international drug control treaties, is another substance that is increasingly encountered on markets for synthetic drugs and often found as an active ingredient in what is sold on illicit markets as "ecstasy", as ketamine also has some hallucinogenic properties. Ketamine use has been reported in Asia, Europe, North America and Oceania. While in 2001 only two countries reported seizures of ketamine to UNODC, the number had increased to 20 by 2006, including multi-ton seizures of the substance in China. Seizures of ketamine in India increased from 60 kg in 2005 to more than 1,000 kg in 2009.

64. The emergence of these unregulated substances often remains unnoticed for a long time, given that there are no reporting requirements for drugs not controlled under the international drug control treaties. In addition, there is little epidemiological research on the use of these substances or forensic toxicological investigation. As a result, Governments face considerable challenges in monitoring, assessing and responding to this problem.

65. Non-medical use of prescription drugs, such as a number of synthetic opioids, tranquillizers, sedatives and stimulants, is reportedly a growing health concern in a number of countries. Prescription drugs may replace certain illicit drugs, since their use is perceived to be less harmful because they are prescribed by physicians. They are legal and cheaper than illicit drugs, and their use is more socially acceptable. Another issue of concern is that a growing number of polydrug users among illicit drug users also use prescription drugs in combination with their illicit drug of choice to enhance the effects of the main drug.

E. Data collection and research

66. In December 2009, the Commission on Narcotic Drugs approved a new version of the annual report questionnaire that served as the basis for data collection in 2010. A new electronic format was also developed to facilitate reporting by countries. Data collected from Member States were analysed and disseminated through the Web and a number of publications, most notably the *World Drug Report*.

67. There remain major gaps in the capacity of countries to collect, analyse and disseminate drug-related data, given the wide disparity in the quality and timeliness of reporting among regions. For example, there continues to be a lack of reporting in subregions of Africa and Asia, including South Asia and parts of East Asia, and in nearly all of the small Pacific island States. The large data gap prevents the international community from developing a comprehensive understanding of the global dimension of the drug problem and hampers its efforts to provide a multilateral response. In 2010, UNODC continued its efforts to support countries in improving data availability through training and technical support for data collection activities and launched the "Programme on monitoring information on drug supply statistics and epidemiology" (PROMISE) to build the capacity of countries to improve data on drug supply and demand.

68. The monitoring of the illicit drug problem faced by Afghanistan and its neighbouring countries is a priority, given its severity. UNODC established a dedicated research programme on the global trade in Afghan opiates, which is aimed at strengthening research capacity and producing analytical reports for decision makers. Reports already issued have focused on the Afghan opium/heroin industry and its relation to regional security issues. UNODC will continue to release yearly reports and work to enhance the research capacity in the countries concerned.

69. UNODC released the *World Drug Report 2011* on 23 June 2011. The report provides an overview of the illicit drug situation, both worldwide and by region, followed by comprehensive analysis and statistical trends relating to the key transnational drug markets, namely opium/heroin, coca/cocaine, amphetamine-type stimulants and cannabis. While also drawing on other sources where relevant, the statistics presented were gathered mainly through the annual report questionnaire submitted by Governments and the illicit crop surveys produced in cooperation with Member States.

70. In 2009 and 2010, UNODC also started to intensify its research efforts on the global cocaine market, paying particular attention to cocaine trafficking through transit areas and its impact. In April 2011, a research paper on the transatlantic

cocaine market[5] was published, highlighting the importance of developing strategies to address the scale of the cocaine threat.

71. In June 2010, the UNODC report entitled "The Globalization of Crime: A Transnational Organized Crime Threat Assessment"[6] looked at major drug trafficking flows, including cocaine and heroin. The report showed the extent to which illicit drug trafficking flows affect the entire world and how they have become a threat to peace and development.

F. Action by other intergovernmental, international, relevant regional organizations and international financial institutions

72. Various intergovernmental, international and regional organizations are working towards the common aim of countering the world drug problem. On the drug abuse prevention side, UNODC has been working closely with the International Labour Organization on workplace prevention programmes to reduce substance abuse among employees and management, absenteeism and accidents in the workplace, insurance health costs and costs related to changes in personnel.

73. The United Nations Industrial Development Organization has undertaken strong collaboration with UNODC to ensure the quality control of drugs and drug products and promote alternative development measures, which has resulted in a number of joint programmes at the country level. This has also been pursued with the United Nations Educational, Scientific and Cultural Organization, specifically with respect to the development of policy briefs on drug abuse prevention among young people in institutional settings.

74. UNODC and the World Health Organization are cooperating on a programme on drug dependence treatment and care, which was launched in 2009 and is aimed at promoting and supporting worldwide, evidence-based and ethical treatment policies, strategies and interventions to reduce the health and social burden caused by drug use and dependence.

75. At the policy level, UNODC has been supporting the panels of the United Nations high-level meetings on AIDS, particularly those which relate to prevention, and raising the profile of issues concerning HIV among people who use drugs and those living in prisons and other closed settings. Regional organizations have been pivotal in promoting international cooperation to counter the world drug problem. Such organizations include the African Union, through the Revised African Union Plan of Action on Drug Control and Crime Prevention (2007-2012), and ECOWAS. The Organization of American States (OAS) has been involved in the field of drug demand reduction, prevention and research, specifically through a joint project of UNODC and OAS on a subregional system of scientific research, which generates solidly grounded reports on issues related to drug demand reduction on an annual basis.

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[5] Available from www.unodc.org/documents/data-and-analysis/Studies/Transatlantic_cocaine_market.pdf.

[6] Available from www.unodc.org/documents/data-and-analysis/tocta/TOCTA_Report_2010_low_res.pdf.

76. The ongoing collaboration between the World Bank and UNODC on the Stolen Assets Recovery Initiative is a strong example of international cooperation to help countries recover assets linked to drug trafficking. Further important partners involved in the law enforcement side of the drug problem are INTERPOL and the World Customs Organization.

V. An integrated approach to programme development at the United Nations Office on Drugs and Crime

77. The integrated, regional approach is designed to take into account overlapping geographic and thematic issues in order to leverage strategic and interlinked responses to the issue of drugs and crime.

78. Started in late 2009, the regional approach focuses on priority areas such as facilitating cross-border cooperation and dialogue and ensuring access to technical expertise in the areas of organized crime, anti-corruption, criminal justice reform, drug demand reduction and HIV, as well as on supporting the implementation of the various international drug and crime control conventions and the United Nations standards and norms in crime prevention and criminal justice. Integrated UNODC field programmes serve as regional and national hubs of action and expertise where the threat from drugs and crime is particularly severe or rapidly growing.

79. The regional programme captures the interconnected nature of the work of UNODC at the field level and maximizes its added value in addressing transnational threats such as organized crime and drug trafficking. It adopts a bottom-up approach by ensuring: (a) full ownership by partner countries through alignment with regional and national policies and priorities; (b) an integrated framework for transferring UNODC expertise at the regional and national levels; (c) a move from a project-based approach to a programme approach; and (d) close cooperation with other United Nations entities and other multilateral partners.

1. Governance and financial situation

80. The UNODC consolidated budget for drugs and crime for the biennium 2010-2011 amounted to $508.0 million, including $40.8 million from the regular budget of the United Nations. Voluntary contributions are budgeted for $467.3 million, which includes $20.6 million for general purpose resources. This shows that UNODC continues to be highly dependent on voluntary funding (about 90 per cent) and requires adequate, predictable and sustainable resources in order to fulfil its mandates effectively. The present funding system, however, lacks predictability and flexibility and potentially distorts programme priorities.

81. In December 2009, at the time of adoption of the programme budget of the United Nations for the biennium 2010-2011, the General Assembly expressed concern in its resolution 64/243 at the overall financial situation of UNODC and requested the Secretary-General to submit proposals in his proposed programme budget for the biennium 2012-2013 to ensure that UNODC had sufficient resources to carry out its mandate.

82. While the issues that UNODC addresses are all global challenges and high priorities for the United Nations, the General Assembly allocates to UNODC less

than 1 per cent of the regular budget of the United Nations. The Office needs more adequate core funding in order to be able to continue to meet the growing demand for its services and to sustain its vital support and operational services.

83. In 2010, voluntary contributions amounting to $242.7 million were pledged, an increase of about 13 per cent compared with $215.0 million in 2009. The distribution between drugs (63 per cent) and crime (37 per cent) continues to shift towards crime-related programmes. While UNODC expects an overall increase in voluntary funding for 2010-2011, the level of core funding (general-purpose resources) remains critically low. In view of the continued uncertainty with regard to future contributions to the general-purpose fund, efforts were maintained in 2010 to contain the general-purpose budget through economy measures, as initiated after the sharp decline in contributions in 2009. The 2010 situation of the general-purpose fund improved as a result of a one-time contribution of $7 million to the general-purpose fund of the drug programme fund in 2010, without which the downward trend in general-purpose income would have continued.

84. Voluntary contributions to the activities of UNODC are provided by the following: Governments, consisting of major, emerging and national donors; United Nations agencies; United Nations multi-donor trust funds; intergovernmental organizations, including international financial institutions; and private donors, including private sector entities and foundations.

85. UNODC has experienced a marked shift in the composition of its funding. In 2010, the major donors provided 58 per cent of all voluntary funding, compared with 65 per cent in 2009, whereas emerging and national donors accounted for about 32 per cent (compared with 26 per cent in 2009). Other non-traditional donors, including United Nations entities, international financial institutions and private foundations, increased their share in the overall funding of UNODC to 10 per cent.

86. A number of speakers at the fifty-fourth session of the Commission on Narcotic Drugs considered the standing open-ended intergovernmental working group on improving the governance and financial situation of UNODC to be a useful forum for discussion and consultation among Member States and with the Secretariat, and expressed appreciation for its work. In that regard, the Commission approved for adoption by the Economic and Social Council a draft decision to extend the mandate of the working group and adopted resolution 54/10, entitled "Improving the governance and financial situation of the United Nations Office on Drugs and Crime: recommendations of the standing open-ended intergovernmental working group on improving the governance and financial situation of the United Nations Office on Drugs and Crime".

2. Cooperation with civil society

87. UNODC cooperates actively with non-governmental organizations (NGOs) in the areas of drug abuse prevention and treatment. The consensus reached by NGOs through the "Beyond 2008" initiative undertaken by UNODC, in partnership with the Vienna NGO Committee on Drugs, provided a sound basis for an active and continuous partnership. Since then, policy dialogue between NGOs, Member States, UNODC and the International Narcotics Control Board has intensified and progress has been achieved. NGOs are contributing to the work of their Governments in the implementation of the 2009 Political Declaration and Plan of Action on

International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem. A pilot project presented at a side event during the fifty-fourth session of the Commission on Narcotic Drugs demonstrated good practice of cooperation between NGOs and government in three developing countries. In addition, this Commission adopted resolution 54/11, entitled "Improving the participatory role of civil society in addressing the world drug problem".

VI. Conclusions and recommendations

1. General

88. Illicit drugs and the crime and corruption so often associated with drugs are major threats to security, stability, public health and development around the globe. A balanced and comprehensive approach is the only effective way to eliminate or substantially reduce illicit drug demand, supply and trafficking.

89. While universal accession to the international drug control conventions has almost been achieved, there is still a significant amount of work to be done, both by Governments and the international community, in ensuring that the objectives of the Conventions are achieved, namely, that the use of narcotic drugs is limited to medical and scientific purposes, that there is adequate availability of narcotic drugs for such purposes and that the illicit cultivation and production of, trafficking in and use of narcotic drugs are prevented.

90. The global illicit markets for opiates and cocaine are among the biggest transnational drug and crime threats of our time. The situation with respect to amphetamine-type stimulants also remains a significant global threat. The emergence of new unregulated synthetic compounds such as synthetic cannabinoids or substances that mimic the effects of illicit drugs has presented new challenges to Governments around the world.

91. Illicit financial flows and their linkages to drug trafficking and other forms of organized crime are an important area requiring attention in tackling the illicit drug trade.

92. Understanding these transnational and transregional threats requires detailed local knowledge, as well as a global perspective. Through its programmes, UNODC will continue to support Member States in building a more effective response to these problems.

93. If UNODC is to remain viable in the medium to long term, it needs a more efficient governance system and a funding model that is sustainable, predictable and stable, that combines additional regular budget resources with voluntary contributions and that will strengthen the institutional capacity to deliver, manage and monitor its technical assistance programmes.

2. Health dimension

94. The General Assembly may wish to consider:

(a) Urging Member States to treat drug dependence as a health disorder. Drug dependence is a disease and not a crime. Treatment is a critical component

when countering illicit drug use, and it has been proved far more effective than punishment. Drug abusers need humane and effective treatment;

(b) Inviting the international community to focus more on the demand side. In line with the principles of shared responsibility and a balanced approach to reducing supply and demand, consumer countries, particularly in the regions that create the strongest demand pull, need to strengthen their own efforts to reduce illicit drug use within their borders;

(c) Urging Member States to design comprehensive drug abuse prevention and treatment programmes, as well as HIV/AIDS prevention and treatment programmes, including the provision of basic first-line social assistance packages in order to improve the likelihood of success of such programmes;

(d) Urging Member States to work towards effective community strategies, teaching families, teachers, youth leaders and mentors how to assess their local problems related to substance abuse and develop a comprehensive plan to address them;

(e) Urging Member States to develop family skills training programmes to enable parents to protect their children from drug abuse;

(f) Inviting the international community to explore ways in which to ensure universal access to treatment for pain and illness within the international drug control regime. There are, in fact, significant problems with regard to access to medicines that contain internationally controlled substances, especially given limited availability in a number of regions and countries.

3. Supply dimension

95. The General Assembly may wish to consider:

(a) Urging the international community to combat the threats posed by opiates originating in Afghanistan by addressing all links in the chain: assistance to farmers to reduce supply; drug abuse prevention and treatment to curb demand; and law enforcement to counter drug traffickers. In order to further reduce the biggest source of heroin, there must also be better security, development and governance in Afghanistan;

(b) Requesting UNODC to intensify its efforts to assist Member States in combating cocaine trafficking and to engage with relevant international and regional entities to better address its negative human, social and political effects. Efforts must be increasingly coordinated and integrated into an international approach that adapts to new developments in a flexible manner;

(c) Inviting the international community to continue and enhance efforts to prevent the diversion of precursor chemicals used in the illicit manufacture of narcotic drugs and psychotropic substances, including by countering the shift by traffickers towards the use of non-scheduled substances;

(d) Inviting the international community to continue to invest in alternative livelihood programmes and to increase market access for alternative development products while promoting security, stability and an environment free of corruption, which remain key elements for making such initiatives effective and sustainable.

4. International cooperation against the world drug problem

96. The General Assembly may wish to consider:

(a) Encouraging Member States to address, as a matter of urgency, the need to provide regular, stable and adequate resources to UNODC to enable it to implement all of its core mandates, and to provide support in accordance with the increasing demand for technical assistance from Member States and in order to assure the sustainability of UNODC;

(b) Encouraging Member States to address, as a matter of priority, reinforcing an improved system of governance and providing a stable financial base for UNODC, taking into account the business models of other intergovernmental organizations such as the United Nations Environment Programme and the voluntary indicative scale of assessment.